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CONFIRMATION NO. 1315

<b>SERIAL NUMBER</b> 10/635,066	<b>FILING OR 371(c) DATE</b> 08/05/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 102-523 DIV/CON/CIP/CON
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/809,469 03/15/2001 PAT 6,629,963 which is a CIP of 09/454,993 12/06/1999 ABN  
 which is a CON of 09/040,067 03/17/1998 PAT 6,009,933  
 which is a DIV of 08/670,255 06/20/1996 PAT 5,752,942

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 11/01/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>MPD</i>	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 64	<b>INDEPENDENT CLAIMS</b> 9
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**ADDRESS**

32752

**TITLE**

Multi-beveled point needle and syringe having a multi-beveled point needle

<b>FILING FEE RECEIVED</b> 2046	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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